APPLICATION FOR SJVAPCD HEARING BOARD

Hearing Boards were established by Health and Safety Code, Chapter 8, Section 40800, and consist of five members – an attorney, a professional engineer, a medical doctor, and two public members.

Hearing Boards are a quasi-judicial body that rules on particular cases that affect only individual facilities. Hearing Boards are authorized to hear requests for variance relief, permit revocations, abatement orders, and appeals by permit applicants, or by interested third parties, concerning the issuance or denial of permits.

Regions: **North** (Merced, San Joaquin, and Stanislaus Counties); **Central** (Fresno, Kings, and Madera counties); **South** (Kern and Tulare Counties)

Date: __________________________

Applicant Name: ____________________________________________________________

Telephone: (_____) __________________________ (_____) __________________________

Business Residence

Residence Address: ____________________________________________________________

Street __________________________ City __________________________ Zip

County: ______________ Occupation: ________________________________

Hearing Board Position applying for:

☐ Attorney (admitted to the practice of law in this state)

☐ Medical (Medical person whose specialized skills, training, or interests are in the field of environmental medicine, community medicine, or occupational/toxicologic medicine)

☐ Engineer (a professional engineer registered as such pursuant to the Professional Engineers Act – Chapter 7 commencing with Section 6700 – of Division 3 of Business and Professions Code)

☐ Public (member of the public)
Applicant Name: ____________________________________

State briefly your reason for wanting to serve on a San Joaquin Valley Unified Air Pollution Control District (District) Hearing Board:

State briefly your experiences which you feel will be helpful when you serve on this Hearing Board:

Other information you would like to submit (a resume may be attached)

Summary of background and skills:
Applicant Name: ____________________________________

Professional Experience:

Education:

Professional and/or Community Organizations:

Personal Interests and Hobbies:
Applicant Name: 

Date:  

Signature:  

Return signed original to:

Michelle Franco  
Deputy Clerk of the Boards  
San Joaquin Valley Unified APCD  
1990 E. Gettysburg Ave  
Fresno, CA 93726  
(559) 230-6038